

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	DR	932	5/7
FORMALITY REVIEW	DR	902	05/16/01
RESPONSE FORMALITY REVIEW	R.B	1078	07/31/01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	10/4
2	10/5
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12	X X
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25	X X
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27	X X
28	X X
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48	✓
49	✓
50	- ✓

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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11/16/01  
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